

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Our America Fund

ADDRESS (number and street) ▼

3501 N Southport Ave #340

☐ Check if different than previously reported. (ACC)

Chicago

IL

60657

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00561670

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Our America Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2014

To:

 M M / D D / Y Y Y Y Y
 09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	432955.38	
(c) Total Receipts (from Line 19)	5025.00	505025.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	437980.38	505025.00
7. Total Disbursements (from Line 31)	333188.89	400233.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104791.49	104791.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Our America Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2014

To:

M M / D D / Y Y Y Y
09 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

505000.00

(ii) Unitemized

25.00

25.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5025.00

505025.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5025.00

505025.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

5025.00

505025.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

5025.00

505025.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	140337.18	207381.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	140337.18	207381.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	192851.71	192851.71
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	333188.89	400233.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	333188.89	400233.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5025.00	505025.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5025.00	505025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	140337.18	207381.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	140337.18	207381.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Our America Fund

Full Name (Last, First, Middle Initial)

A. John Rowe

Mailing Address PO Box 805398

City
Chicago

State
IL

Zip Code
60680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Our America Fund

Full Name (Last, First, Middle Initial)

A. Curtis Scott Advertising, Inc.

Mailing Address 1550 Spring Rd Ste 220

City	State	Zip Code
Oak Brook	IL	60523

Purpose of Disbursement
PAC Graphic Art

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : SB21B.4132

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

B. Curtis Scott Advertising, Inc.

Mailing Address 1550 Spring Rd Ste 220

City	State	Zip Code
Oak Brook	IL	60523

Purpose of Disbursement
PAC Web Development

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		18		2014

Transaction ID : SB21B.4156

Amount of Each Disbursement this Period

6714.00

Full Name (Last, First, Middle Initial)

C. FAMILY-PAC FEDERAL

Mailing Address 414 N ORLEANS PLAZA #320

City	State	Zip Code
CHICAGO	IL	60654

Purpose of Disbursement
PAC Event Ticket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB21B.4136

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7764.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Our America Fund

Full Name (Last, First, Middle Initial)

A. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
PAC Legal Fees

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 03 2014
Transaction ID : SB21B.4134

Amount of Each Disbursement this Period

212.50

Full Name (Last, First, Middle Initial)

B. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
PAC Legal Fees

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 06 2014
Transaction ID : SB21B.4142

Amount of Each Disbursement this Period

127.50

Full Name (Last, First, Middle Initial)

C. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
PAC Legal Fees

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 11 2014
Transaction ID : SB21B.4167

Amount of Each Disbursement this Period

340.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

680.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Our America Fund

A. GOPgroup

Mailing Address 8150 Clover Valley Rd NW

City	State	Zip Code
Ramsey	IN	47166

Purpose of Disbursement	PAC Promotional Items

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

855.32

Full Name (Last, First, Middle Initial)

B. GOPgroup

Mailing Address 8150 Clover Valley Rd NW

City	State	Zip Code
Ramsey	IN	47166

Purpose of Disbursement	PAC Promotional Items

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 09 / 2014

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period

2496.82

Full Name (Last, First, Middle Initial)

C. Hodas & Associates

Mailing Address 960 Clock Tower Dr Ste J

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement	PAC Video Production
-------------------------	----------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4140

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4852.14

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Our America Fund

Full Name (Last, First, Middle Initial)

A. Hodas & Associates

Mailing Address 960 Clock Tower Dr Ste J

City Springfield State IL Zip Code 62704

Purpose of Disbursement
PAC Media Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : SB21B.4168

Amount of Each Disbursement this Period

780.00

Full Name (Last, First, Middle Initial)

B. Jackson Alvarez Group

Mailing Address 7777 Leesburg Pike
Suite 407N

City Falls Church State VA Zip Code 22043

Purpose of Disbursement
PAC Research

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Koch & Snow

Mailing Address 11500 S Eastern Ave Ste 210

City Henderson State NV Zip Code 89052

Purpose of Disbursement
PAC Legal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period

325.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Our America Fund

Full Name (Last, First, Middle Initial)

A. Professional Data Services, Inc.

Mailing Address 2470 Daniells Br Rd Ste 121

City Athens	State GA	Zip Code 30606
----------------	-------------	-------------------

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

1503.84

Full Name (Last, First, Middle Initial)

B. Professional Data Services, Inc.

Mailing Address 2470 Daniells Br Rd Ste 121

City Athens	State GA	Zip Code 30606
----------------	-------------	-------------------

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

1506.24

Full Name (Last, First, Middle Initial)

C. Public Strategy Associates, LLC

Mailing Address 1709 Taliaferro Trail

City Montgomery	State AL	Zip Code 36117
--------------------	-------------	-------------------

Purpose of Disbursement
PAC Media Production

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

3825.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6835.08

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Our America Fund

Category/
Type

2000.00

State: District:

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '02' with two squares above it. The third display shows '2014' with four squares above it. The displays are separated by slashes.

Category/
Type

State: District:

Category/
Type

State: District:

35150.00

140087.18

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Our America Fund		FEC IDENTIFICATION NUMBER ▼ C C00561670	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Hodas & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 960 Clock Tower Dr Ste J		Amount 5300.00	
City Springfield	State IL	Zip Code 62704	Transaction ID : SE.4158
Purpose of Expenditure PAC Media Production	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Hodas & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 960 Clock Tower Dr Ste J		Amount 160075.00	
City Springfield	State IL	Zip Code 62704	Transaction ID : SE.4160
Purpose of Expenditure PAC Media	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	165375.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Our America Fund			FEC IDENTIFICATION NUMBER ▼ C C00561670		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Hodas & Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 960 Clock Tower Dr Ste J			Amount 1950.00		
City Springfield		State IL	Zip Code 62704		Transaction ID : SE.4161
Purpose of Expenditure PAC Media Production		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate RICHARD J DURBIN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 167325.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hodas & Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 960 Clock Tower Dr Ste J			Amount 6500.00		
City Springfield		State IL	Zip Code 62704		Transaction ID : SE.4173
Purpose of Expenditure PAC Media Production		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate RICHARD J DURBIN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 173825.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u>			[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Our America Fund			FEC IDENTIFICATION NUMBER ▼ C C00561670		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Landslide Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014			
Mailing Address 4320 Winfield Rd Ste 287		Amount 19026.71			
City Warrenville	State IL	Zip Code 60555	Transaction ID : SE.4174		
Purpose of Expenditure PAC Media		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		192851.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		19026.71			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		192851.71			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014	